

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2593

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

79

1. PLACE OF DEATH

A. COUNTY

Yuma

B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN)

Yuma, rural

C. LENGTH OF STAY IN THIS PLACE IN ARIZONA

1 day 40 yrs

D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)

Yuma General Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)

A. STATE

Arizona

B. COUNTY

Yuma

C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN

Yuma, rural

D. STREET ADDRESS (IF RURAL, GIVE LOCATION)

Avenue C and 8th St.

3. NAME OF DECEASED

A. (FIRST)

WILLIAM

B. (MIDDLE)

PETER

C. (LAST)

COOPER

4. SEX

Male

5. COLOR OR RACE

White

6. MARRIED - - - - -  
NEVER MARRIED  
WIDOWED ☒ DIVORCED ☐

7. DATE OF BIRTH

MONTH DAY YEAR

May 2 1878

8. AGE

YEARS MONTHS DAYS

72 11 18

9. IF UNDER 24 HOURS

HOURS MIN.

no

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED)

Farmer

9B. KIND OF BUSINESS OR INDUSTRY

Farming

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)

Ohio

11. CITIZEN OF WHAT COUNTRY?

USA

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)

no

13. SOCIAL SECURITY NO.

no

14A. FATHER'S NAME

Charles P. Cooper

14B. BIRTHPLACE (STATE OR COUNTRY)

Germany

15A. MOTHER'S MAIDEN NAME

Alena K. Koeber

15B. BIRTHPLACE (STATE OR COUNTRY)

Ohio

16. INFORMANT'S SIGNATURE

Alma Schott

ADDRESS

1588 Kthavenyuma

17. DATE OF DEATH

April

20

1951

18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).

\*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.

PLACE DISEASE CONTRA.

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH\* (a)

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH\* (a)

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INTERVAL BETWEEN ONSET AND DEATH

1 day

19A. DATE OF OPERATION

4/20/51

19B. MAJOR FINDINGS OF OPERATION

Intestinal Obstruction

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21C. (CITY OR TOWN) (COUNTY) (STATE)

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4/19/51 TO 4/20/51 THAT I LAST SAW THE DECEASED ALIVE ON 4/20/51 AND THAT DEATH OCCURRED AT 10 P. M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE)

Stowell M.D.

23B. ADDRESS

Yuma Arizona

23C. DATE SIGNED

4/21/51

24A. BURIAL CREMATION REMOVAL ☒

24B. DATE 4-23-51

24C. NAME OF CEMETERY OR CREMATORY Desert Lawn Memorial Park

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Yuma, Arizona

25A. DATE REC'D BY LOCAL REG.

4-23-51

25B. REGISTRAR'S SIGNATURE

Marie Nelson

26. FUNERAL DIRECTOR'S SIGNATURE

RE Johnson

ADDRESS

Box 310

27. EMBALMER'S SIGNATURE

RE Johnson

Yuma, Arizona

246A